

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD. 292 (REV. 10/92)

CLAIMANT'S NAME Regina Evans		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Deputy Cabinet Secretary		CB/ID NUMBER		DIVISION OR BUREAU Cabinet Unit	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS State Capitol Building		INDEX NUMBER	
CITY Sacramento		STATE CA		ZIP 92123	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
16-Apr	9:30 a.m.	Sacramento to Los Angeles					✓ 294.20	air			0.00	294.20	
16-Apr		Sacramento					44.00	taxi			0.00	45.00	
16-Apr		Los Angeles					✓ 58.63	rental car			0.00	58.63	
17-Apr											0.00	0.00	
18-Apr											0.00	0.00	
19-Apr		Los Angeles to Oakland									0.00	0.00	
19-Apr	8:10 a.m.	Oakland					✓ 60.76	rental car			0.00	60.76	
20-Apr		Sacramento					44.00	taxi			0.00	45.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	503.59	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$503.59	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff Governor at a meeting in Los Angeles and served as the Governor's surrogate at the First Congregational Church of San Francisco United Church of Christ's Church Dedication Service

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.445

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE

4-22-09

SIGNATURE

DATE

4/27/09

DATE

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD. 262 (REV. 10/92)

CLAIMANT'S NAME Regina Evans		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Deputy Cabinet Secretary		CB/D NUMBER		DIVISION OR BUREAU Cabinet Unit	
RESIDENCE ADDRESS [REDACTED]		HEADQUARTERS ADDRESS State Capitol Building		INDEX NUMBER	
ZIP		CITY Sacramento		STATE CA	
				ZIP 92123	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES		
18-Mar	7:00 a.m.	Sacramento to Emeryville					22.00	train			0.00	22.00	
18-Mar		Emeryville to San Francisco					4.00	bart			0.00	4.00	
18-Mar		San Francisco			16.50						0.00	16.50	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
											0.00	0.00	
SUBTOTALS			0.00	0.00	16.50	0.00	0.00	26.00	0.00	0.00	0	0.00	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												26.00	\$42.50

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Attend the Border Governors Conference Planning Meeting/Representative Meeting in San Francisco as the Governor's Representative

NORMAL WORK HOURS
PRIVATE VEHICLE LICENSE NUMBER
MILEAGE RATE CLAIMED 0.445
AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240486

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

DATE
A-22-09

SIGNATURE

DATE
4/27/09